

FILED

JAN 23 2020

U. S. DISTRICT COURT  
EASTERN DISTRICT OF MO  
ST. LOUIS

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UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI  
DIVISION

(Write the full name of the plaintiff in this action.)

Include prisoner registration number.)

Archie Lemont Butler 1046953

v.

Lori (Nurse) Coates  
Alan (Doctor) Garrett  
Weaver

2:20CV00003 NAB

Plaintiff Requests Trial by Jury



Yes



No

(Write the full name of each defendant. The caption  
must include the names of **all** of the parties.Fed. R. Civ. P. 10(a). Merely listing one party and  
writing "et al." is insufficient. Attach additional  
sheets if necessary.)**PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983****NOTICE:**

*Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.*

*Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.*

*In order for your complaint to be filed, it must be accompanied by the \$400.00 filing fee or an application to proceed without prepayment of fees and costs.*

**I. The Parties to this Complaint**

**A. The Plaintiff**

Name: Archie Lemont Butler 1046953

Other names you have used: Archie Lemont Robinson

Prisoner Registration Number: \_\_\_\_\_

Current Institution: \_\_\_\_\_

Indicate your prisoner status:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Pretrial detainee | <input type="checkbox"/> Convicted and sentenced state prisoner               |
| <input type="checkbox"/> Civilly committed detainee   | <input type="checkbox"/> Convicted and sentenced federal prisoner             |
| <input type="checkbox"/> Immigration detainee         | <input checked="" type="checkbox"/> Other (explain): <u>federal hold also</u> |

**B. The Defendant(s)**

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

**Defendant 1**

Name: Kevin Coates

Job or Title: Jail administration i believe

Badge/Shield Number: \_\_\_\_\_

Employer: Marion County ~~GA~~

Address: (Work only) 1703 Marion City Rd Palmyra MO 63461

☒ Individual Capacity ☒ Official Capacity

No Paper

Defendant 3

Name (Doctor) was only given Dr. Weaver

Job Title Doctor

Badge

Employer (private contractor) marion County

address (work only) 1703 Marion city Rd Palmyra MO. 63461

☒ Individual Capacity ☒ Official Capacity

**Defendant 2**

Name: <sup>Lori</sup> (Nurse) was only given Garrett

Job or Title: Nurse

Badge/Shield Number: \_\_\_\_\_

Employer: Marion County I believe

Address: (Work Only) 1703 Marion City Rd Palmyra MO 63461

☒ Individual Capacity

☒ Official Capacity

**II. Statement of Claim**

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

Cruel and unusual punishment by  
all three defendants below, and  
malpractice by doctor weaver also

Facts 1) wasn't given any meds from Dec 23 or 24  
until Jan 10th at 8pm

2) The meds (500mg over ~~counter~~ <sup>counter</sup> non aspirin was told  
didn't work only given two times a day, 8 and 8

3) after the 13th this was stopped and was told  
to buy off commissary.

4) Dr. said because he didn't want to lose

contract he would do as Jail said. Meds he gave

Say take 2 tablet every 4 to 6 hours or as needed not to exceed 8 given  
meds at 8 AM and 8 PM

Kevin Coates Cruel and unusual punishment

36a

1 + 2 Toothache on going since Sept

3 + 4 dismiss House, broke tooth cavity

5, after numerous sick calls and grievance that go to Mr. Coates (Grievance) i was still not given anything for the pain. Spoke with Mr. Coates and CO Barb Brown Jan 3/2020 in the AM in Conference room about medical problems. was told by Mr. Coates that he would relay my medical needs to the nurse. This is on Friday the only day the doctor comes in at 3pm. didn't see anyone put in another sick<sup>call</sup>. Jan 7 was called to nurses station Mr. Coates was there at 10 AM i asked nurse why i didn't see the doctor she said because my Jan 3 sick call was turned in to late. i said Mr. Coates said he would relay my needs she said she never gotten them. Mr Coates stated he got busy and for got. Mr Coates then stated ~~buy~~<sup>buy</sup> the meds from commissary i said the meds from there doesn't work wasn't given anything. also had money for two packs which would come on thursday days away. later this day Mr. Coates came in and stated i would see the doctor on Friday the Tenth. no meds were given.

Nurse <sup>Lori</sup> Garrett cruel and unusual punishment

1 + 2 Toothache, on going since Sept

3 + 4 dismiss House, broke tooth cavity

5, on or about Dec 23 or 24 seen nurse told her of my bleeding gums and tooth pain. She took my



316

Vitals and blood pressure was high; she said it was common with toothaches, said she would relay to doctor and get medical records from Hospital. Dec 31<sup>st</sup> put in sick call, Jan 1 put in sick call, also put in grievance for not being seen for medical. Jan 2 was seen by nurse Garrett and Co Barb Brown nurse Garrett looked into my mouth and stated i have a broken tooth and cavity - was told to stay away from salt, noodles, and coffee for my high blood pressure and told to buy non aspirin from commissary. said i don't have the money and that i was a federal inmate and the feds paid for my meds. was told to get out of office, wasn't given any meds. Jan 7 was called to nurse Garrett office her and Mr. Coates was there asked why i didn't see the doctor on Friday nurse Garrett said she told me to buy meds off commissary told her i was a fed the feds pay i ask again about the dr. She said my Jan 3 Sick call was too late i said i put in one on the second and talked to Mr. Coates on the 3<sup>rd</sup> and he would relay my needs to her she said i never gotten the relay i asked about bleeding gums and some anti-biotics that was given to another inmate without seeing a dr. she said different strokes for different folks. was told to leave put in another Sick call on this day Jan 7<sup>th</sup>

Alan

Dr. Weaver (cruel and unusual punishment / malpractice 3 (

1 + 2 Toothache on going since Sept  
3 + 4 dismis House, broke tooth cavity

5 Seen Dr. Weaver on Jan 10th 3:50. I looked into my mouth stated broken tooth, prescribed non asprin for three days and Salt water rinse, Told doctor the meds on commissary don't work dr Weaver stated this was the Jail policy and this was all he could give. I asked if he was the doctor why he couldn't give me something that worked. he stated the Jail makes money off commissary so i have to buy from them, i said but you are the doctor, he said yes a private contractor that didn't want to lose his contract. at this time i was getting angry CO asked me to com down. Dr. weaver then stated i didn't have a infection, i asked what the Salt water rinse was for he said bleeding gums i said Should i be getting Salt with high blood pressure i was then taken out the office when Dr. stated to CO I am done with him. In hallway CO stated that was bad and said he would be my witness to this incident he then wrote down his name and badge number i was taken back to cell block. The meds that where given are over the counter and are taken every 4 hours he gave these to me at 8AM 8PM

### **III. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. no treatment was given besides non asprin i stated did not work after three days was left in pain continuously since



**IV. Relief**

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

get me to a dentist still haven't seen one - and punitive damages 1,000 dollars a day since Dec 31st 2019 on this day pain became unbearable tried to declare a medical emergency and was denied - pain has been at least 5 on pain scale or more since - no set amount as of yet problem on going as of Jan 14 2020 21,000

**V. Exhaustion of Administrative Remedies/Administrative Procedures**

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

Marion County Jail

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☒ Do not know

If yes, which claim(s)? cruel unusual punishment and malpractice

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes ☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes ☐ No

E. If you did file a grievance:

1. Where did you file the grievance?

at marion county on the Kiosk (computer)

2. What did you claim in your grievance? (Attach a copy of your grievance, if available) that i needed pain meds, and to be seen by a dentist for pain and bleeding gums

3. What was the result, if any? (Attach a copy of any written response to your grievance, if available) was told i would see a ~~dentist~~ doctor 7 days later by Kevin Coates

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)* Two step process grievance to Mr. Coates or Barb Brown I believe then goes to Sheriff, I believe. I have done this process and was answer by the same person that answered grievance Kevin Coates I was given 500 mg Nov Asprin for 3 days 2 times a day over the counter pack states take every 4 hours given to me every 12 hours
- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:
2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. Had Girlfriend call federal marshalls - also about two weeks later spoke with federal marshalls. Still never received pain meds or seen Dentist, still haven't been seen by dentist! Marshalls told Girlfriend that
- (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)* they called up left a message and was waiting for a response.

**VI. Previous Lawsuits**

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this "three strikes rule"?

☐

Yes

☒

No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court's order, if possible.

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☒

Yes

☐

No

Don't know New facts different tooth

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff Archie Lemont Butler

Defendant(s) Carizon Health

2. Court (if federal court, name the district; if state court, name the state and county)

Federal Eastern District of Missouri

3. Docket or case number \_\_\_\_\_

4. Name of Judge assigned to your case Judge Flessing or Audrey G. Flessing

5. Approximate date of filing lawsuit April 2016 maybe

6. Is the case still pending?

☐ Yes

☒ No (If no, give the approximate date of disposition): May 2017 maybe

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Judgment entered in my favor

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_



6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

## VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 14 day of Jan, 2020.

Signature of Plaintiff

Achie Butler